

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	419023
<015> Study Area Name	S&T Communications llc
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Chris Clasbey
<035> Contact Telephone Number: Number of the person identified in data line <030>	719-266-4334
<039> Contact Email Address: Email of the person identified in data line <030>	cclasbey@tcatel.com

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
			(check box when complete)	
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<input type="text" value="0.0"/>			
<420> Mobile	<input type="text" value="0.0"/>			
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed	<input type="text" value="0.0"/>			
<450> Mobile	<input type="text" value="0.0"/>			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <input type="text" value="419023ks510"/>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <input type="text" value="419023ks610"/>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1010> <input type="text"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

FCC Form 481 Certifications

FCC Form 481 Lines 510 and 610

S&T Communications LLC

SAC 419023

Line 510: Service Quality Standards & Consumer Protection Rules Compliance

Service Quality Standards

The company complies with the service quality standards as adopted in the Kansas Corporation Commission (KCC) Docket Nos. 191,206-U and 95-GIMT-047-GIT.

Consumer Protection Rules

The company complies with the following consumer protection rules:

- FCC rules regarding verification of orders for telecommunications service as required of submitting carriers {47 CFR §64.1100}
- The FCC's Truth-in-Billing Requirements {47 CFR §64.2400}
- Billing practice standards as set out in KCC Docket No. 06-GIMT-187-GIT and subsequent billing practice standards approved by the KCC.
- All of the requirements of 47 C.F.R. § Part 64 Subpart U, Customer Proprietary Network Information and Federal Trade Commission 16 C.F.R. §681, Identity Theft Red Flags

Line 610: Functionality in Emergency Situations

- The company maintains a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. {47 CFR §54.202(a)}
- The company has made reasonable provisions to meet emergencies resulting from power failures; sudden and prolonged increases in traffic; staff shortages; and fire, storm, and acts of god.

FCC Form 481 Certifications

FCC Form 481 Lines 510 and 610

S&T Communications LLC

SAC 419023

Line 510: Service Quality Standards & Consumer Protection Rules Compliance

Service Quality Standards

The company complies with the service quality standards as adopted in the Kansas Corporation Commission (KCC) Docket Nos. 191,206-U and 95-GIMT-047-GIT.

Consumer Protection Rules

The company complies with the following consumer protection rules:

- FCC rules regarding verification of orders for telecommunications service as required of submitting carriers {47 CFR §64.1100}
- The FCC's Truth-in-Billing Requirements {47 CFR §64.2400}
- Billing practice standards as set out in KCC Docket No. 06-GIMT-187-GIT and subsequent billing practice standards approved by the KCC.
- All of the requirements of 47 C.F.R. § Part 64 Subpart U, Customer Proprietary Network Information and Federal Trade Commission 16 C.F.R. §681, Identity Theft Red Flags

Line 610: Functionality in Emergency Situations

- The company maintains a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. {47 CFR §54.202(a)}
- The company has made reasonable provisions to meet emergencies resulting from power failures; sudden and prolonged increases in traffic; staff shortages; and fire, storm, and acts of god.

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	419023
<015>	Study Area Name	S&T Communications llc
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Chris Clasbey
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-266-4334
<039>	Contact Email Address - Email Address of person identified in data line <030>	cclasbey@tccatel.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

<010>	Study Area Code	419023
<015>	Study Area Name	S&T Communications llc
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Chris Clasbey
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-266-4334
<039>	Contact Email Address - Email Address of person identified in data line <030>	cclasbey@tcatel.com

-- See attached worksheet --

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<701>	Residential Local Service Charge Effective Date	1/1/2013
<702>	Single State-wide Residential Local Service Charge	

<010>	Study Area Code	419023
<015>	Study Area Name	S&T Communications llc
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Chris Clasbey
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-266-4334
<039>	Contact Email Address - Email Address of person identified in data line <030>	cclasbey@tcatel.com

10/10/2013

**(800) Operating Companies
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	419023
<015>	Study Area Name	S&T Communications llc
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Chris Clasbey
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-266-4334
<039>	Contact Email Address - Email Address of person identified in data line <030>	cclasbey@tcatel.com
<810>	Reporting Carrier	S&T Communications LLC
<811>	Holding Company	
<812>	Operating Company	S&T Communications LLC

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	419023
<015>	Study Area Name	S&T Communications llc
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Chris Clasbey
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-266-4334
<039>	Contact Email Address - Email Address of person identified in data line <030>	cclasbey@tcatel.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	419023
<015>	Study Area Name	S&T Communications llc
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Chris Clasbey
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-266-4334
<039>	Contact Email Address - Email Address of person identified in data line <030>	cclasbey@tcatel.com

<1120> Please check this box to confirm no terrestrial backhaul
options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers
broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	419023
<015>	Study Area Name	S&T Communications llc
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Chris Clasbey
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-266-4334
<039>	Contact Email Address - Email Address of person identified in data line <030>	cclasbey@tcatel.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 419023ks1210

Name of attached document (.pdf)

<1220> Link to Public Website HTTP

“Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

3.7. LIFELINE SERVICES

1. General

A. The Lifeline Program is a Residence Offering designed to increase the availability of telecommunications services to low-income subscribers by providing a credit on monthly recurring local service to qualifying residential subscribers. Basic terms and conditions are in compliance with the FCC's Order on Universal Service in Order No. 97-157, Docket No. 96-45, which adopts the Federal-State Joint Board's recommendation in CC Docket 96.45, which complies with the Telecommunications Act of 1996. Specific rates are as prescribed by the Kansas Corporation Commission and are set forth in this Tariff. Lifeline Assistance is a Kansas support program that provides eligible customers with the following benefits:

1. A credit against the cost of local exchange access service.
2. Free Toll Restriction upon the customer's request.
3. A waiver of the Company's service deposit requirements, if the customer elects to receive toll restriction. However, acceptance of toll restriction services will not be a condition for receiving service under Lifeline.
 - a) If a Lifeline customer removes a toll blocking prior to establishing an acceptable credit history, a deposit may be required. When applicable, advance payments will not exceed the Connection and Local Service Charges for one (1) month.

B. The Tribal Lifeline Program provides additional lifeline support for eligible people living on a reservation as defined by the Bureau of Indian Affairs (BIA) regulations. Most qualifying customers will receive telephone service for \$1.00 per month, with an expected maximum of \$10.00 per month.

2. Regulations

A. Lifeline and Tribal Lifeline Assistance are available to all residential customers who are currently participating in at least one of the following Federal or State Assistance Programs:

(T)

- Bureau of Indian Affairs General Assistance

- Free School Lunch Program

- General Assistance

(N)

- Head Start (only those meeting its income qualifying standard)

- Low Income Energy Assistance Program (LIEAP)

(N)

- Medicaid

- Section 8 Federal Public Housing Program

- Supplemental Nutrition Assistance Program

- Supplemental Security Income (SSI)

- Temporary Assistance to Families

- Tribally Administered Temporary Assistance for Needy Families

(T)

- United Tribes Food Distribution Program

Issued: December 14, 2011

Effective: December 21, 2011

Steve Richards, Chief Executive Officer
S&T Communications, LLC
320 Kansas Avenue, P.O. Box 99
Brewster, Kansas 67732

12-S&CT-464-TAR (CLEC)
Accepted for Filing
Kansas Corporation Commission
December 14, 2011
/S/ Patrice Petersen-Klein

3.7. LIFELINE SERVICES (Cont'd)

(N)

2. Regulations (Cont'd)

- B. One low-income credit is available per household and is applicable to primary residential connections only, to individuals who participate in one of the following programs:
1. The named subscriber must be a current recipient of any of the low-income assistance programs identified in Section 3.7.2.A above. Verification of this requirement will be accomplished through self-certification.
 2. The applicant's total household gross income does not exceed 150% of the Federally established poverty levels set forth for the number of persons in applicant's household. Verification of this requirement will be accomplished by the Company.
 3. Residents living on tribal lands and who are currently participating in at least one of the qualify programs identified in Section 3.7.2.A above are eligible for Tribal Lifeline Assistance. Verification of this requirement will be accomplished through self-certification.
- C. At no time shall a customer's Lifeline rate go below zero as a result of applying the Lifeline credits.
- D. A Lifeline customer may subscribe to any local exchange access service offering available to other residence customers.

3. Obligations of the Company

- A. The Company shall be responsible for verifying eligibility for applicants qualifying under Federally established poverty levels. The Company will look at the number of exemptions reported to determine the size of the family unit and the dollar amount reported on the adjusted gross income line. These figures will then be compared to current Federal poverty income level guideline tables, as published in the Federal Register, to determine if the applicant meets the income criteria.
- B. Partial payments made by customers will be applied first to local exchange access service charges, then to toll charges, custom calling service charges or call management service charges.
- C. The Company reserves the right to periodically audit its records, working in conjunction with the appropriate state agencies, for the purpose of determining continuing eligibility. Information obtained during such audit will be treated as confidential information to the extent required under State and Federal laws. The use or disclosure of information concerning enrollees will be limited to purposes directly connected with the administration of the Lifeline plan.

(N)

ISSUED: JUL 7 2003

EFFECTIVE: JUL 23 2003

By: Steve Richards, General Manager
S & T Communications, LLC
Brewster, Kansas

04-88CT-074-TAR (CLEC)
Accepted for Filing
Kansas Corporation Commission
July 23, 2003
/s/ Susan K. Duffy

3.5. LIFELINE SERVICES (Cont'd)

4. Obligations of the Customer

- A. Proof of eligibility in any of the qualifying low-income assistance programs should be provided to the Company at the time of application for service. The Lifeline credit will not be established until proof of eligibility has been received and verified by the Company. If the customer requests installation prior to the Company's receipt of proof of eligibility, the requested service will be provided without Lifeline credit. When eligibility documentation is provided subsequent to installation, the Lifeline credit will be provided on a going forward basis.
1. Individuals choosing eligibility requirements based on qualifying for low-income assistance programs are required to obtain and mail to the Company a photocopy of a valid identification card or the appropriate documents that are issued to them by the agency administering the program.
 2. Individuals choosing eligibility requirements based on a Federally established poverty levels are required to obtain and mail to the Company a photocopy of the most recent U.S. Individual Tax Return (Form 1040, 1040A or 1040EZ) that was submitted to the Internal Revenue Service.
- B. When a customer is determined to be ineligible as a result of an audit, the Company will contact the customer. If the customer cannot provide eligibility documentation, the Lifeline credit will be discontinued.
- C. Any Lifeline customer who has a past due balance with the Company in toll message charges will be automatically restricted from access to toll services until the outstanding balance is paid. In such cases, Toll Restriction, as described in Section 13.13, will be applied to Lifeline service at no charge to the subscriber. The CO Connection Fee applies to Lifeline customers whose message toll service has been restricted for nonpayment. If a Lifeline customer is toll restricted for a second occurrence, the Company may, at its discretion, place the Lifeline customer on a permanent toll restriction. A Lifeline subscriber's request for reconnection or re-establishment of local exchange access service will not be denied if the service as previously suspended or disconnected for non-payment of toll charges.

5. Rate Reduction

	<u>Monthly Rate</u>	
Lifeline State Credit	\$7.77	(C)

ISSUED: JUN 21 2010

EFFECTIVE: JUN 27 2010

By: Steve Richards, CEO
S&T Communications LLC
Brewster, Kansas

10-S&CT-824-TAR (CLEC)
Accepted for Filing
Kansas Corporation Commission
June 21, 2010
/S/ Susan K. Duffy

FCC Form 481 Certifications

FCC Form 481 Line 1210
S&T Communications LLC
SAC 419023

Line 1210: Lifeline Terms and Conditions

Lifeline subscribers receive unlimited local calling at a discount of \$9.25.

(2000) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

<010>	Study Area Code	419023
<015>	Study Area Name	S&T Communications llc
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Chris Clasbey
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-266-4334
<039>	Contact Email Address - Email Address of person identified in data line <030>	cclasbey@tcatel.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

☐
☐
Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

☐
☐
☐
☐
Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

☐
Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021> Interim Progress Community Anchor Institutions

☐
☐
☐
☐

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	419023
<015>	Study Area Name	S&T Communications llc
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Chris Clasbey
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-266-4334
<039>	Contact Email Address - Email Address of person identified in data line <030>	cclasbey@tcatel.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010)	Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}		<input type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input type="checkbox"/> (Yes/No)
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3018)	If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :		<input type="checkbox"/> (Yes/No)
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3022)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3023)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	<input type="checkbox"/>

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	419023
<015>	Study Area Name	S&T Communications llc
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Chris Clasbey
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-266-4334
<039>	Contact Email Address - Email Address of person identified in data line <030>	cclasbey@tcatel.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	S&T Communications llc
Signature of Authorized Officer:	CERTIFIED ONLINE Date 10/10/2013
Printed name of Authorized Officer:	CAROLYN SOMERS
Title or position of Authorized Officer:	CFO
Telephone number of Authorized Officer:	785-694-2256
Study Area Code of Reporting Carrier:	419023 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	419023
<015>	Study Area Name	S&T Communications llc
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Chris Clasbey
<035>	Contact Telephone Number - Number of person identified in data line <030>	719-266-4334
<039>	Contact Email Address - Email Address of person identified in data line <030>	cclasbey@tcatel.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013
